Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Amount: \_\_\_\_\_\_\_\_\_

Organization Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Purpose of Grant:

**Who was your target audience/primary recipient? How did the grant make a difference to them?**

1. Did the grant meet its objective? Y / N
2. Was the entire grant utilized? Y / N
3. If not, was the difference reimbursed to the Town? Please explain below Y / N
4. Have you attached details of spending/proof of payment (e.g. receipts) Y / N
5. Were you able to secure additional funding because of the grant? Y / N
6. Did you acknowledge the Town of Gravenhurst as a grant provider? Y / N

**Please use this space to comment on your Y/N answers if appropriate and tell us how we can improve the Terence Haight Grant Application process. Thank you!**

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please expand the boxes or add additional comments you feel may be appropriate.

The completed and signed form should be emailed to jennifer.brockett@gravenhurst.ca